



# CDC Global Health Security Agenda/Ebola Grantee Meeting

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# Response to a Cholera Epidemic: GHSA Learning Lab *Tanzania*

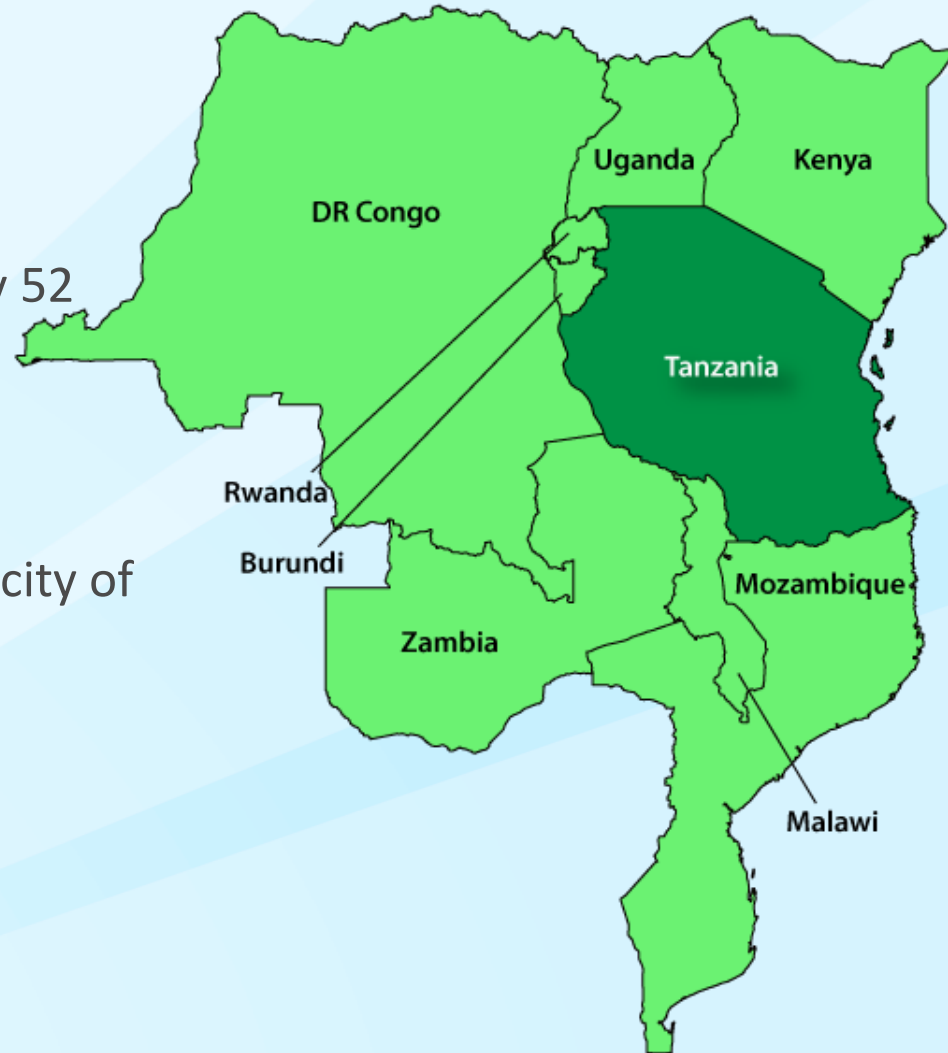
**Rachel Barwick Eidex, MS, PhD**

Division of Global Health Protection  
CDC Tanzania

GHSA Grantee Conference  
Early Successes Panel  
February 10, 2016

## United Republic of Tanzania

- Located in East Africa
- Population of approximately 52 million
- Approximately 70% rural
- Capital is Dodoma
- Dar es Salaam is the largest city of approximately 4.5 million
- Eight neighbors
- GDP of \$43.8 billion
- Life expectancy ~61 years



## **GHSA in Tanzania**

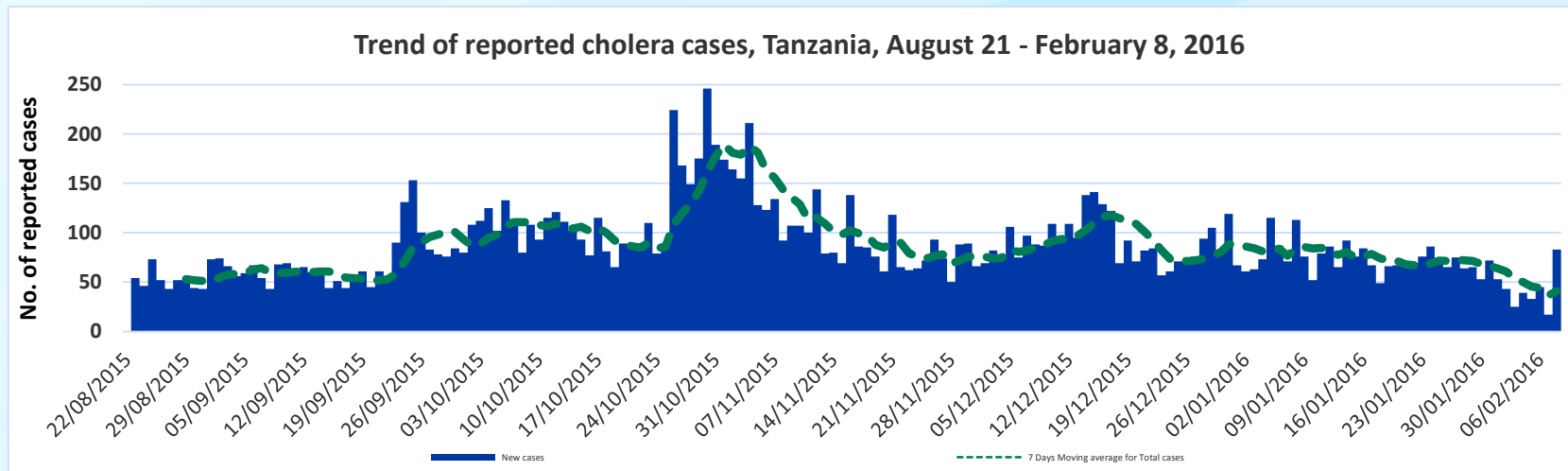
- Phase 1 GHSA country
- US Government interagency workgroup established
- USG 5 year road map developed
- USG 1 year work plan developed
  - International Health Regulations Action Plan
  - VHF/ Ebola Preparedness Plan
  - One Health Work Group
- Government of Tanzania sensitization meeting planned for GHSA
- Activities across all action packages
- GHSA self-assessment being completed
- GHSA external assessment Feb 2016

# GHSA Planning in Tanzania

ACTION PACKAGE	GHSA Work Plan Goals
<b>Antimicrobial Resistance</b>	Initiate national antimicrobial resistance surveillance strategy development
<b>Zoonotic Diseases</b>	Implement One Health strategy
<b>Biosafety and Biosecurity</b>	Identify laboratories and assess capacity for biosafety and biosecurity
<b>Immunization</b>	Achieve progress toward WHO Global Measles and Rubella Strategic Plan
<b>National Laboratory Systems</b>	Improve infrastructure to support Biosafety Level III laboratory capacity
<b>Real-time Surveillance</b>	Revise Integrated Disease Surveillance and Response (IDSR) guidelines
<b>Information Systems</b>	Support electronic IDSR
<b>Reporting</b>	Integrate public health reporting for animal and human health sectors
<b>Workforce Development</b>	Implement basic and advanced Field Epidemiology and Training Programs
<b>Emergency Operations Centers</b>	Explore EOC Development
<b>Linking Public Health with Law Enforcement and Rapid Response</b>	Establish linkages and collaboration framework
<b>Medical Countermeasures and Personnel Deployment</b>	Identify gaps rapid response training for emergency preparedness and response

# Cholera Epidemic

- Started August of 2015 in Dar es Salaam
- February 8, 2016:
  - A total of 15,408 cases reported across mainland Tanzania
  - 239 deaths; case fatality rate of 1.6%
  - 23 of 25 Regions reporting cases
  - Islands of Zanzibar also reporting cases



## **National Cholera Task Force**

- **Surveillance**
- **Laboratory**
- **Coordination**
- **Logistics**
- **Case management**
- **Water, sanitation and hygiene**
- **Social mobilization**

## **Cholera Response– Laboratory; Biosafety and Biosecurity; Antimicrobial Resistance**

- **Microbiology capacity strengthened at National Lab and Dar es Salaam municipal labs**
- **Water quality testing**
  - Specimen collection
  - Free-residual chlorine
  - E.coli
- **Drug-susceptibility testing**
- **IPC through WASH activities at cholera treatment centers**
- **Specimen collection, handling, and transport**



## **Cholera Response– Surveillance; Reporting**

- **Strengthened the use of data for decision making**
- **Review of surveillance system for cholera**
- **Strict adherence to case definition**
- **Support to districts and regions on maintaining line lists**
- **Improved reporting from affected areas**
- **Develop a reporting template, with key indicators, tables and maps that is distributed to all stakeholders daily**
- **Improved linkage of laboratory data to epidemiologic data**
- **Data quality assessments and improvements**
- **Water quality monitoring plan**

## **Cholera Response– Medical Countermeasures and Personnel Deployment**

- **Prepositioning of cholera treatment supplies**
- **Prepositioning of chlorine and aquatabs**
- **Deployment of assessment teams**
- **Deployment of rapid response teams**

## Cholera Response– Workforce Development

- FELTP mentoring and support
- Case management training; TOT
- Cholera treatment center evaluations
- Implementation of WASH activities; chlorination strategy; training of bowser drivers





## **MOH Tanzania EOC, November 2015**

Coordination Activities

## **CDC Response Activities by Action Package**

- **Laboratory**
- **Biosafety and biosecurity**
- **Antimicrobial resistance**
- **Surveillance**
- **Information systems**
- **Reporting**
- **Workforce Development**
- **Emergency Operations Center**
- **Medical countermeasures and personnel deployment**

## Challenges

- Epidemic is not over
- Our planning was too broad
- Cholera wasn't a focus of our GHSA planning
- No WASH implementing partners
- No WASH targets
- Outbreak response studies?
- Heavy administrative burden on GHSA implementation

## Lessons Learned for GHSA

- Cholera control and prevention can lead to success of GHSA
- Partnership key to implementation
  - CDC offices overseas need subject matter expert support
- Multiple sectors must be involved
- Refine road map and work plan
- Emphasis on prevention beyond current targets
- How can locally employed staff assist with in-country surge capacity response



## Cholera Epidemic Currently in Africa





## **Acknowledgements**

- **Tanzania Ministry of Health**
- **Division of Global Health Protection**
- **National Center for Emerging and Zoonotic Diseases**
- **Division of Global HIV and TB**
- **USAID/OFDA**
- **US Embassy Tanzania**

**Thank you!!!!**



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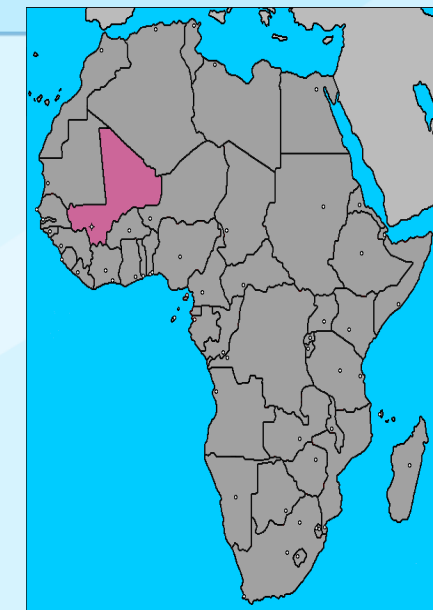


# **Global Health Security Agenda's Implementation in West African Francophone Countries: Lessons learned from Malian experience**

## *Mali*

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**Senior Technical Advisor**  
*Acting CDC Country Director - Mali*

GHSA Grantee Conference  
Early Successes Panel  
February 10, 2016



- Landlocked in West Africa
- Area: 478,839 sq km
- Population: 16,466,059
- GNI per capita of US\$1530,
- Religion: Muslims (>95%), Catholics, Protestants...
- Health care system decentralized in:
  - 63 Health districts (CSREF),
  - and ~1300 primary health centers (CSCOM).

# Background

- Total Fertility Rate - #3 worldwide, after Burundi
  - 6.06 births per woman





## Background (continued)

- **Under-five Infant Mortality Rate**

#2 worldwide, after Afghanistan

- 102.23 deaths  
per 1,000  
live births

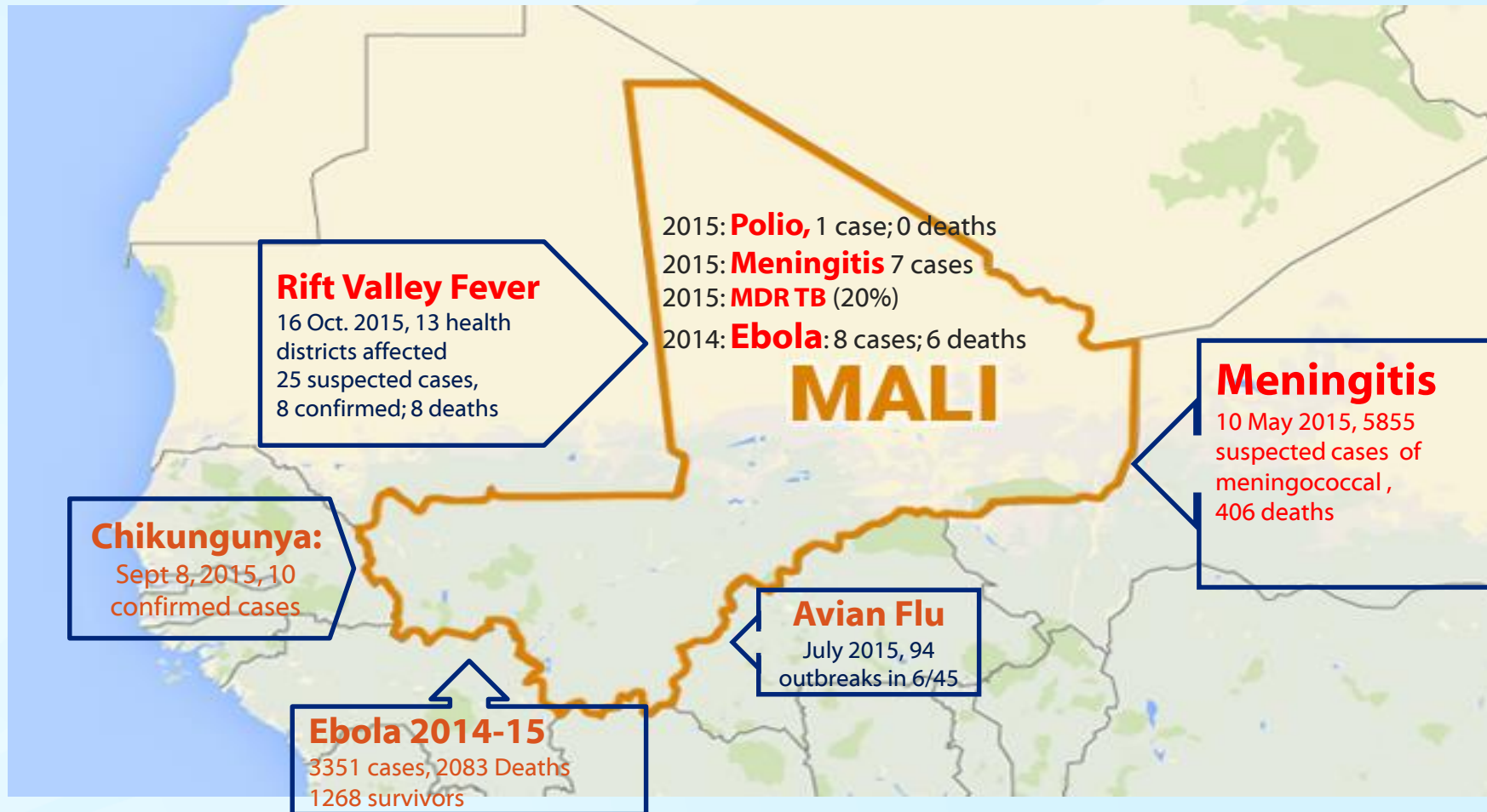
- **Literacy Rate**

#3 worldwide

- 25% for women
- 43% for men



# Diseases threats and Challenges





# Activities

- A GHSA multi-sectoral workshop
- GHSA interagency meeting
- Surveillance
- EOC



**GHSA Action  
Package(s)**

***Surveillance, EOC, Immunization***

## Activities (continued)

- MoH selected and hired a fiduciary agent fully functional and launched its program
- Obtained official support from the MoH to the GHSA Project
- Launched and validated CRS and IMC 1-yr plan with key stakeholders and sub grantees
- IMC mapped out pertinent actors in targeted regions/districts that deal with zoonoses and are willing to take part in the intersectoral committee at different level

# GHSA Early Successes

- TA to the Government of Mali in Ebola response in Mali
- Creation of USG GHSA Interagency Country Team based on Ebola experience, GHI and HIV
- TA to develop the USG interagency 5-year roadmap and the 1-year work plan submitted to the NSC
- TA to develop and finalize 5-year road map with the Ministry of Health (get country ownership, ministry-led process)



## **GHSA Early Successes (continued)**

- Field Epidemiology Training Program (FETP) Surveillance Training for Ebola Preparedness (STEP)
- Coordination of the organization USG GHSA October 14-15, 2015 Workshop  
Interagency Debriefing Meeting:  
October 16, 2015
- TA to launch the 3 FOAs for the MoH and partners for implementing the GHSA in Mali
- TA for IHR implementation plan (Aug-Sept15)
- TA to conduct the IDSR assessment (Sept-Dec15)





# Mali Potential Challenges/Obstacles

- Continued conflict in the north and recent terrorist attacks have led to security challenges
  - In November, militants launched an armed attack on a popular hotel in Bamako.
  - The process of returning everyday government functions to northern Mali is a key priority.



- Progress on all targets will be affected by the security situation and implementation of the recent Peace Accord
- Persistent terrorist and criminal threats continue to affect Mali

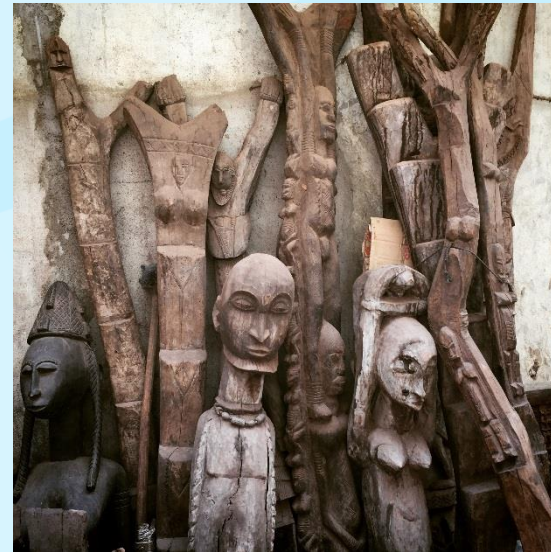
# Challenges and Lessons Learned

- With a new DGHP program, CDC Mali is working with support from HQ to reinforce the CDC presence at the Embassy and is building a more comprehensive and integrated system
- Working with Government entities
- HQ engagement and support, except from CDC Atlanta, has been limited
- Sustainability is critical, but needs to be balanced with possible gains in a still-fragile and insecure state



# Challenges and Lessons Learned (continued)

- The country team is optimistic they will meet immunization, information systems and workforce development targets by the end of five years.
- We believe the Ministry of Health is motivated to make significant progress on surveillance, antimicrobial resistance and emergency management.
- We may need additional assistance to meet zoonotic and laboratory targets.
- The Government of Mali has little understanding of the medical countermeasures and personnel deployment and linking public health and law enforcement targets.



# Conclusion

- Multisectoral workshop with in-country partners and relevant government Ministries
- One successful USG team approach led by the DCM, active participation by CDC, DoD, DoS, NIH, USAID
- Partners activities launched and showed key milestones achieved for surveillance, EOC, immunization, and information systems
- With GHSA, CDC is building an integrated system that is moving besides language and other political and cultural barriers
- ***Security is a constraint; need advocacy and support for GHSA implementation!***



**Thank you!**  
**Aw ni tié!**  
**Merci!**



# Contact Information

For additional information about this project, please reach out to:

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# Cameroon Field Epidemiology Training Program

## A platform for GHSA activities

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MINISTRY OF HEALTH, CAMEROON

# Cameroon

- Cameroon is a central African country bordered by Nigeria, Chad, Central African Republic, Congo, Gabon and Equatorial Guinea
- Estimated population of 20 million
- Top causes of death: HIV, Malaria, Low Respiratory Infections, Diarrheal diseases, Cancer
- Insecurity in the North and East due to Boko Haram



# Field Epidemiology Training Program

**CAFETP** is a training program within the Ministry of Health in Cameroon which receives technical assistance through the Centers for Disease Control and Prevention (CDC)

Focus on two major training programs

- I. Advanced FETP
- II. Basic FETP



# Central African Field Epidemiology Program

- Regional Central African Field Epidemiology Program (CAFELTP)
  - From 2010-2015
- Part of SURVAC program to improve surveillance in Cameroon, DRC and CAR
- 3 cohorts, 54 trainees: MD, veterinarians and laboratory technicians
- Successes but also challenges
  - Ownership
  - University





# Cameroon Field Epidemiology training

- National owned program which invites neighboring countries to participate
  - Cameroon, Chad and CAR
  - Possible future participation from: Guinee Equatorial
- Ownership by MoH
  - Director of program is the Director of Disease Control (MOH)
  - Majority of members of technical secretariat are MoH staff
- Collaboration with Ministry of Higher education
  - Member of the technical advisory committee
  - Buea University





# Advance FETP

- Currently there are 16 Residents in their first year of training
  - 9 Cameroon
  - 5 Central African Republic
  - 2 Chad
- Launch of the next cohort in March
  - 9 Cameroon
  - 3 Chad



# Advance FETP

Residents from this cohort (cohort 5) participated in their first theoretical training of 3 months from September-November 2015

They are currently completing their fieldwork with various departments of the Ministry of Health

- Division of Disease Control (DLMEP)
- TB
- HIV/AIDS
- EPI
- Maternal health



# Basic FETP

- CAFETP is launching the Basic FETP program next week
  - 1 week training of trainers for stakeholders and personnel who will serve as Field Supervisors
  - Funded by GHSA
- Program piloted in the East region
  - Challenges with surveillance due to instability and CAR refugees
  - 3 cohorts in the first year
  - Total of 90 Ministry of Health staff trained
- All 194 districts covered by 2019
  - Total of 850 Ministry of Health staff trained



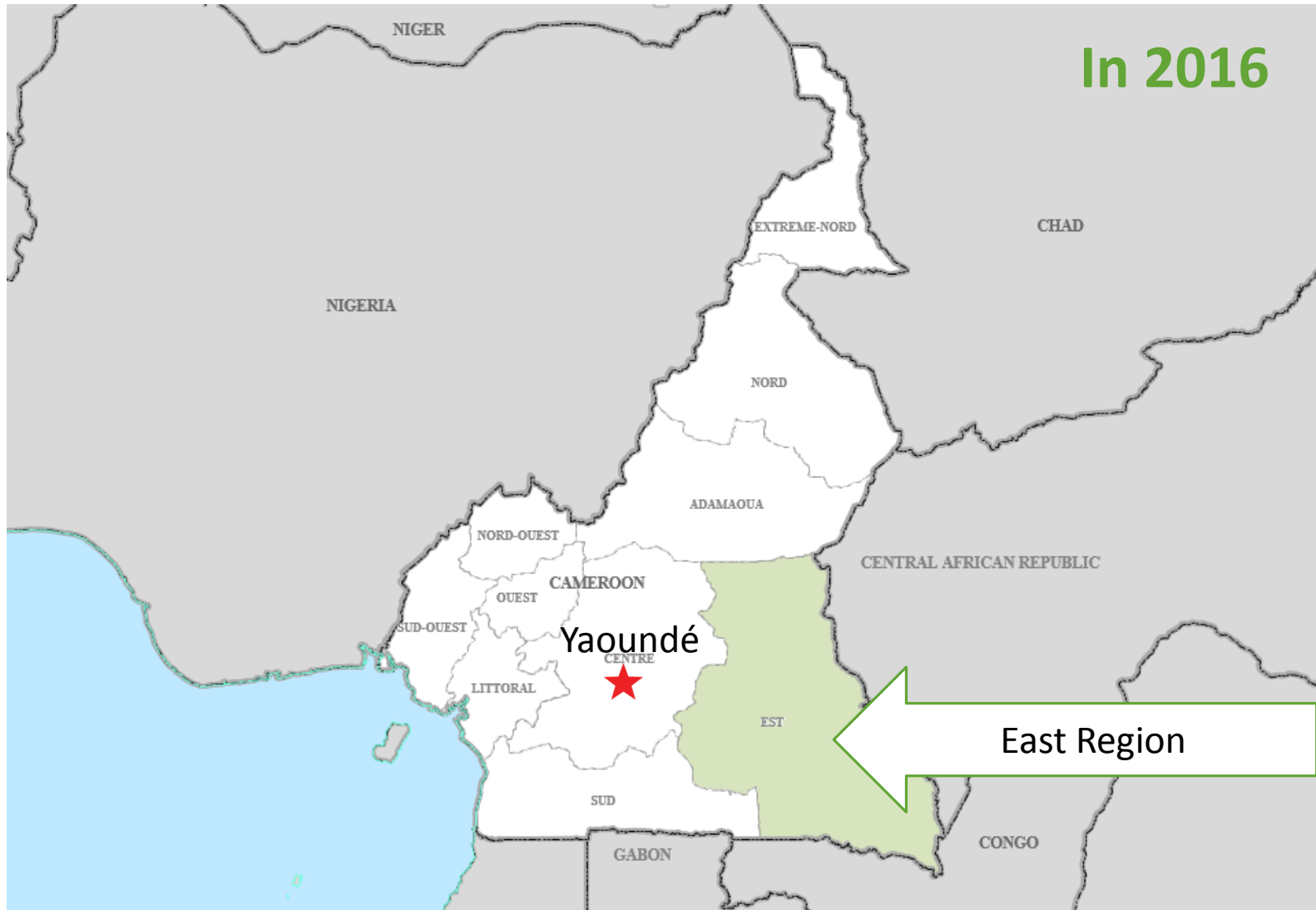
# Basic Training Implementation

Participants will include

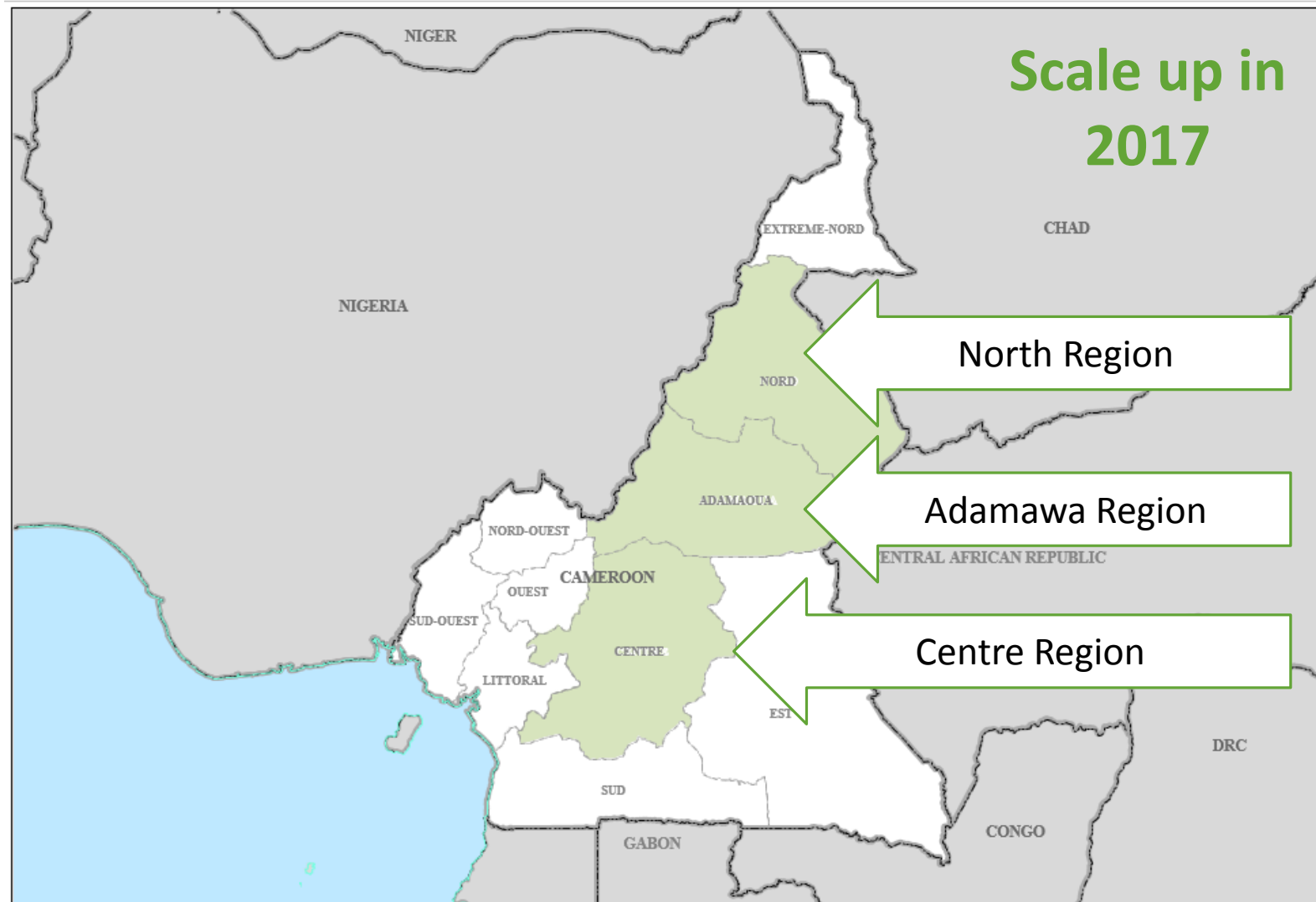
- 9 regional level health officials
- 14 District Medical Directors
- Over 40 other health personnel responsible for surveillance at the district level and community health centers



# Year 1: Launching first Basic Training in the East region



# Year 2: Centre, Adamawa and North regions





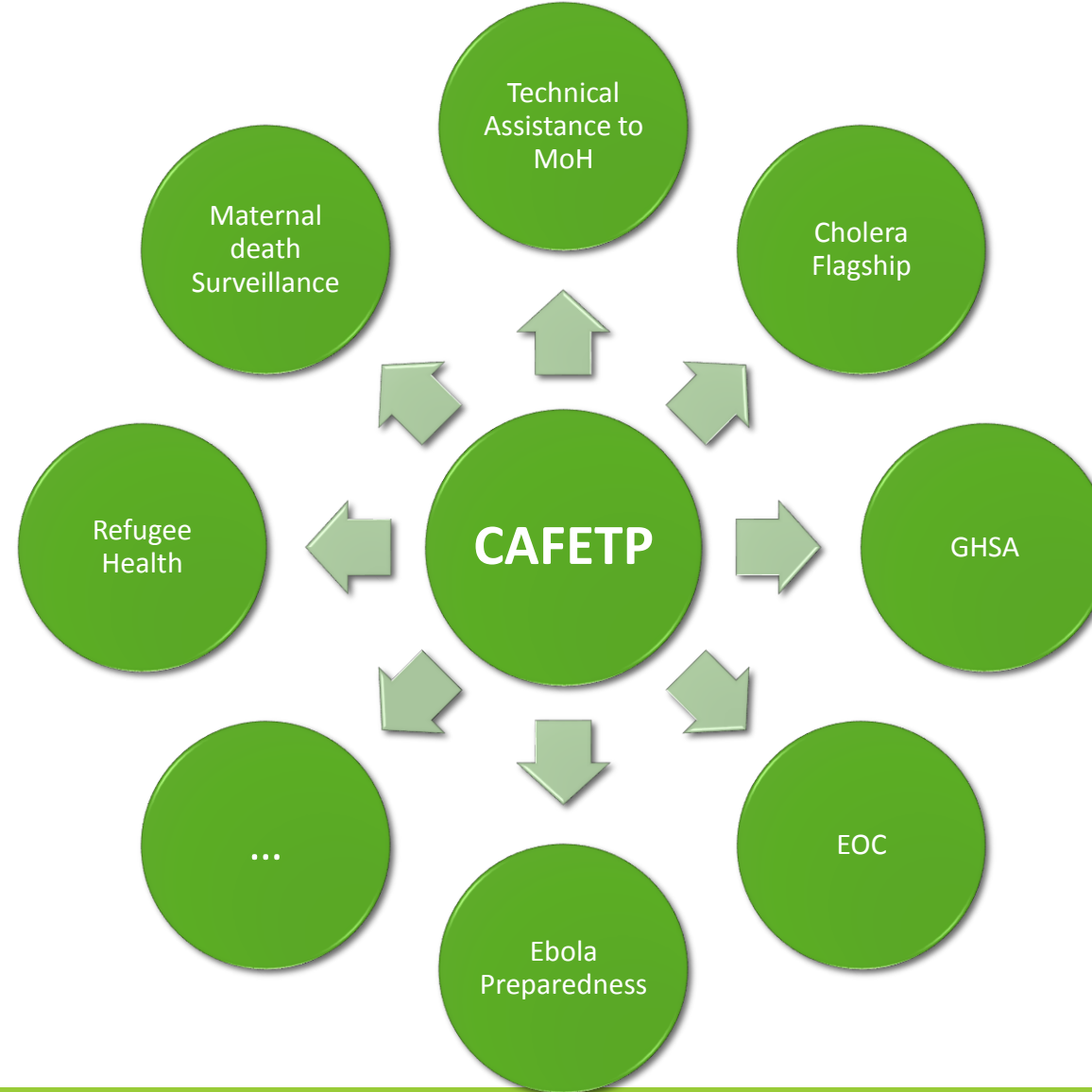
# Benefits to the Ministry of Health

Strengthen the ability of the Ministry of Health to

- Respond to public health emergencies
- Conduct surveillance
- Research on priority public health problems
- Improve communications and networking



# CAFETP: Platform for other USG Activities



# Technical Assistance to MINSANTE

Ongoing support to the Department of Disease Prevention, Epidemics and Pandemics (DLMEP) in various workforce development activities

- Daily meeting between RA and DLMEP Director
- Assistance with work plans, budgets and other GHSA FOA activities
- Day-to-day collaboration on projects
- Other workshops and trainings
- Weekly Surveillance meetings



# Cholera Flagship Project

- 1 CAFETP resident is designated as cholera focal point for the DLMEP and cholera flagship project
- CAFETP provided financial assistance for a recent cholera outbreak investigation in the north region
- 2 CAFETP residents traveled to the North region to participate in this investigation



# Emergency Operating Center

- CAFETP is USG liaison for
  - All EOC trainings provided by CDC and DTRA
  - EOC building project from DTRA
- Participation from RA and residents in various EOC activities



# Ebola Preparedness and Response

- RA worked full time for 5 months on providing technical assistance to MoH for Ebola preparedness
- Developed and facilitated training for rapid intervention teams
  - FY 16: FETP will provide training for 10 regional teams with GHSA funding
- Assisted with the development of training curriculum and materials for training sessions for 5 different target population (MDs, nurses, hygiene staff, etc)
  - All regions were trained during a period of 2 weeks





# Refugee Health

- CAFETP team conducted a population based cross sectional survey to address issues at Timangolo camp with CDC
  - Presented at the EIS Conference 2015
- CAFETP further assisted DLMEP on conducting an assessment of nutritional and mortality levels with UNICEF

Specifically addressing

- Coverage of measles vaccine
- Access to clean water and sanitation facilities
- Estimation of prevalence of 2-week acute respiratory infection



# Maternal Death Surveillance

- Active participation from CAFETP resident who was designated as the focal point
- CDC Funds were allocated to assist with this project
- 1 residents working directly with the surveillance project

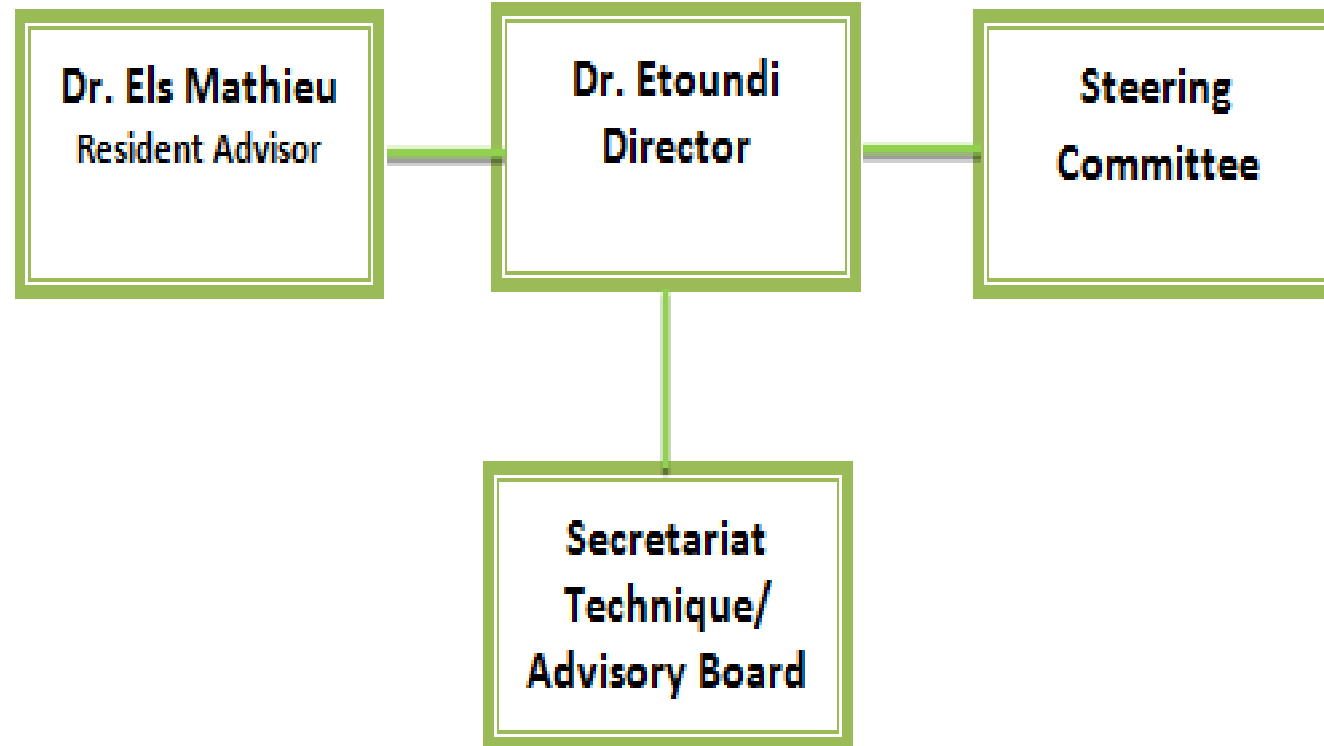


# CAFETP staff

- Director of the DLMEP
- US Direct hire RA seated at the MoH and provides assistance as needed
- Other staff includes
  - 1 Medical Doctor designated by MoH
  - 1 ASPPH Fellow
  - 1 consultant
  - 3 Local Cameroonian staff
    - 2 admin and 1 driver



# CAFETP Support Staff



# Conclusion

- Strong collaboration between MoH and CAFETP has created a platform which has
  - Assisted MoH to receive support for various national programs
  - Provided technical support for a variety of projects
- Focus is not only trainings but also on competence acquisition within MoH departments
- The CAFETP program is multifaceted, it is adapted to the needs of the country with unique components for each department





# Thank you

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